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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/647,752
Applicant : Jay R. Akhave
Filed : April 16, 2003
Art Unit : 1774
Examiner : Tamra Dicus

Docket No.: : AVERY-67239
Customer No. : 24201

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

This Amendment is responsive to the Office action of December 28, 2005, the response for which is due March 30, 2006.

Claims start on page 2.

Remarks start on page 4.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/647752

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 14 minus 20 = | - |
| INDEPENDENT CLAIMS | 5 minus 3 = | 2 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

10/14/5

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 27 | Minus | 20 = 7 |
| Independent | 4 | Minus | 5 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|-----|
| BASIC FEE | |
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| RATE | FEE |
|-----------|------|
| BASIC FEE | 840 |
| XS18= | |
| X80= | 160 |
| +270= | |
| TOTAL | 1020 |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS18= | 350.00 |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | 350.00 |

8/30/06

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 6 | Minus | 27 = 0 |
| Independent | 2 | Minus | 5 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | |
| Independent | | Minus | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.